

STATE OF DELAWARE  
DEPARTMENT OF INSURANCE

APPLICATION FOR HEALTH MAINTENANCE  
CERTIFICATE OF AUTHORITY

APPLICATION IS HEREBY MADE BY:

\_\_\_\_\_  
CORPORATE TITLE

\_\_\_\_\_  
CORPORATE ADDRESS

\_\_\_\_\_  
ADMINISTRATIVE/MAILING ADDRESS

INCORPORATED OR ORGANIZED ON \_\_\_\_\_, IN \_\_\_\_\_

AS A \_\_\_\_\_ (STOCK, MUTUAL, RECIPROCAL, FRATERNAL,  
MUTUAL BENEFIT, ETC.) INSURER FOR A CERTIFICATE OF AUTHORITY TO  
TRANSACTION THE BUSINESS OF INSURANCE WITHIN THE STATE OF DELAWARE  
FOR THE LINE OF ACCIDENT AND HEALTH, AS SET FORTH IN TITLE 18,  
DELAWARE CODE.

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (EIN) \_\_\_\_\_

\_\_\_\_\_  
CORPORATE TITLE

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_